

Case Number:	CM14-0083763		
Date Assigned:	07/21/2014	Date of Injury:	04/12/2012
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old male with a reported injury on 04/12/2012. The mechanism of injury was due to cumulative trauma. His diagnoses included left wrist pain status post carpal tunnel release and right carpal tunnel syndrome. Previous treatments included pain medications and NSAIDS, physical therapy, bracing and carpal tunnel injection, which was reported as failure of treatment. The injured worker has had a left carpal tunnel release on 04/12/2012. The injured worker was waiting for a right carpal tunnel release surgery. The injured worker had an examination on 05/13/2014 with complaints of persistent aching and stabbing pain in the right wrist and hand with pins and needles sensation and numbness. He rated his pain at a level of 8/10. The right hand examination revealed that the Tinel's sign was positive and the Phalen's sign was positive. There was diffuse tenderness without swelling in his forearm. His right hand range of motion test demonstrated dorsal flexion was 50 degrees, palmar flexion was 60 degrees, ulnar deviation was 20 degrees, and radial deviation was 20 degrees. His medication list consisted of gabapentin, tramadol, and zolpidem. The injured worker reported his medication was helping to decrease his symptoms. The treatment plan included recommendations for the injured worker to continue his medications to include a prescription for Ambien and an orthopedic re-evaluation. The rationale for Ambien was for the treatment of insomnia. The rationale for the orthopedic re-evaluation was not provided. The request for authorization for the evaluation was signed and dated on 02/10/2014. The request for authorization for the Ambien was signed and dated on 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Orthopedic Re-Evaluation For Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Office visit.

Decision rationale: The injured worker had a carpal tunnel release done on the left on 04/12/2012. The Official Disability Guidelines recommend evaluation and management of outpatient visits for the role of proper diagnosis and return to function of an injured worker. The Official Disability Guidelines state that the visits also are based on a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker had a left carpal tunnel release on 04/12/2012. The injured worker was last seen on 05/13/2014 at which at time the right wrist was evaluated. It was mentioned that the left wrist did have improved pain. The requesting physician's rationale for the request is not indicated within the medical records. Therefore, there is not medical documentation given to determine the need for the orthopedic re-evaluation of the left wrist. Therefore, the request for Orthopedic Re-Evaluation For Left Wrist is not medically necessary.

Ambien 10MG #30 with 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

Decision rationale: The Official Disability Guidelines recommend Ambien as a short-acting hypnotic. It is usually approved for a 2 to 6 treatment for insomnia. The Official Disability Guidelines do recommend cognitive behavioral therapy for the assistance of insomnia treatment. There is no evidence that the injured worker has complained of insomnia. There is no documentation regarding any sleep disturbances or evidence of the injured worker not being able to sleep. There is no evidence of therapy that had been initiated or a psychological evaluation. The injured worker has been prescribed Ambien since at least 10/ 2013 which is longer than the recommend duration. Therefore, the request for Ambien 10 MG #30 with 2 Refills is not medically necessary.